PTO:SB08 (PB-03)
Approved for use through 7/7312000, ONES 6531-0032
U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE
to a codection of interestion unless it displays a void CNES control resmber. Linder the Peperson's Reduction Act of 1985, no parsons are required to respo to a collection of Indo PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I ÓR SWALL ENTITY (Cotume 1) (Cotumn 2) EER FLED NUMBER ENTER FEE FEE RATE FOR BASIC FEE TOTAL CLASAS OF CFR 1.15(g) á gha 20 = X S DEDEPENDENT CLASSES (37 CFR 4.18(10) X E X \$ DOR I.W MUCTIPLE DEPENDENT CLAIM PRESENT OR nce in column 1 is less than zero, enter "O" in column 2. TOTAL ΛĐ TOTAL THE TCLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY -13-05 (COMMA 1) OR (Cotomo 2) (Column 3) SMALL ENTITY MGÆSY MARER PREVIOUSLY CLAINES REMAINING ADOI-DONALA FEE 4 ADDI-PRESENT RATE EXTRA AFTER AMENDMENT PAID FOR FEE 7 <u> 30</u> . .25. x 150. ENDM OR z s/00 . press x 2000-QR ₹ +.250. ..360 FIRST PRESENTATION OF MALTIPLE DEPENDENT CLASS (SF GFR 1.16(1)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE -15-05 (Column 1) (Caturan 2) (Cotumn 3) HIGHEST MANBER PREVIOUSLY CLANS ADDI-TIONAL FEE 0 REMAINING PRESENT RATE RATE ADOI-TIONA EXTRA AMENDMENT PAD FOR TOTAL CU COR LUNCS OR ENO. Endependent (SF CFR L. ISBN) . 2 5 OR ₹ FORT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1,14(4)) OR TOTAL ADDIL FEE ADDLIFEE OR. 14/05 (Column 1) (Column 2) (Cotumn 3) CAINS HEGHEST O PRESENT ADDI-TIONAL RATE ADDI-TIONAL FEE RATE REMAINING AFTER PREVIOUSLY EXTRA FEE PAID FOR MENDMENT Total GI CFR 1.16 OR OR PRIST PRESENTATION OF MALTIPLE DEPENDENT GLAM (ST GFR 1.1550)) OR TOTAL TOTAL ADD'L FEE OR ADOLFEE

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" (NI THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (NI THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (NI THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (NI THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (NI THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (NI THIS SPACE is less than 3 enter "3".

The collection of intermission is required by 32 CFR 1.16. The information is enquired to obtain or estain a benefit by the public which is to life (and by the USPTO 10 process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to talls 12 enfuels to complete, including gathering, preparing, and submitting the completed spaticistic form to the USPTO. The will vary depending upon the individual case. Any comments on the enterior of the your require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Oepartment of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Convenies/sener for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.